

## **AD Driver Authorization Process**

After completing the Defensive Driving, any AD employee can be authorized to drive a government or government-leased vehicle once approved through the Coordination Center. This requires the following:

- 1) Valid state drivers license for the type of vehicle to be driven. The state license must be carried with employee any time they are driving a government or government-leased vehicle.
- 2) AD-184 – Application for Authorization to Operate Government Vehicles and Equipment. The form, completed by the employee, requests information regarding the experience and driving history.
- 3) OF-345 – Physical Fitness Inquiry for Motor Vehicle Operators. The form requests medical conditions that may affect driving ability.
- 4) Consent for Driving Record Check. Authorizes the Forest Service to verify driving information on the AD-184.
- 5) Region 8 Operator's Acknowledgement. Signed after review of policy with driver examiner.

The AD will be given an orientation on driving government or government-leased vehicles if required. As a minimum the following should be covered:

- 1) Appropriate use of the Fleet Credit card for regular government vehicles
- 2) Appropriate behavior for driving;
- 3) Mandatory seat belt use;
- 4) Forest Service Accident Reporting Procedures;
- 5) Driving conditions in the Forest Service environment; and
- 6) Preventive maintenance.

At this point, an employee may be issued an OF-346 card that must be on their person when driving a government or government-leased vehicle. The card will list the types of equipment authorized and an expiration date. For short term assignments, the card will be valid throughout the assignment. For recurring AD's, an OF-346 will be valid through the end of the year, i.e., December 31.

If the driver's record check indicates problems or current suspensions, the government authorization will be revoked immediately. The AD can either be assigned a driver, given a different assignment, or be terminated.

If there is a need for the AD employee to drive/operate specialized equipment (vehicles over 10,000 GVWR, ATV, UTV, trailer towing, heavy equipment) a written test and an operation skills must be administered by a certified examiner.

# Application for Authorization to Operate Government Vehicles & Equipment

(FSM 7134.1/FSH 7109.19, § 61.2)

## Section I – To Be Completed By Applicant

Instructions: Answer all questions completely; include your private, commercial, and government equipment experience.

1. Authorization request is for: ☐ Original ☐ Renewal ☐ Replacement ☐ Temporary Authorization (AD, Volunteers, Etc.)

2. Name:

3. Title:

4. Name and Address of Employing Office (Region/Station/Area, Forest/District/Unit):

5. Sex: ☐ Male  
☐ Female

6. Date of Birth:

7. Hair Color:

8. Eye Color:

9. Height:

10. Weight:

11. State in which Driver's License is Issued:

12. State Driver's License Number:

13. State License Expiration Date:

14. List your driving/operating experience for the past 5 years, add continuation sheet if necessary.

| Years/Months of Experience | Type of Equipment/Vehicle | Size | Annual Estimate Hours/Miles | Special Training or Endorsements |
|----------------------------|---------------------------|------|-----------------------------|----------------------------------|
|                            |                           |      |                             |                                  |
|                            |                           |      |                             |                                  |
|                            |                           |      |                             |                                  |
|                            |                           |      |                             |                                  |

15. List any restrictions placed upon your State license during the last 5 years.

16. List all arrests or summons for violations (tickets) you have received during the last 5 years, include the date, location, type of offense, disposition, or driver's license revocation. If driver's license was revoked, provide beginning and ending dates.

17. List all Motor vehicle accidents within the last 5 years: Include the date, place, circumstances, and cost of repairs.

### PRIVACY ACT STATEMENT

The Privacy Act System of Records USDA/OP-1 Personnel and Payroll System for USDA Employees permits the collection of this information from USDA Employees. Solicitation of this information is authorized by 40 U.S.C. 606 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to select and retain only those drivers who can operate motor vehicles in a manner which will assure a reasonable degree of safety to self, others, and property. The information is used for the issuance or re-issuance of Official Form 346, U.S. Government Motor Vehicle Operators Identification Card (OF-346). The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

### 18. CERTIFICATION

I certify that the statements I have made in this application are true, complete, correct to the best of my knowledge, and made in good faith. I have read and understand the five basic requirements for using the fleet credit card. I authorize the Forest Service to obtain information regarding my State driver's license history for use in determining if authorization will be given to operate Government owned and leased equipment. I understand all information will remain confidential, and any negative results will be forwarded to my supervisor for review.

Applicant's Signature:

Date:

## Section II – To Be Completed by Applicant's Supervisor

19. Employment Status of Applicant: ☐ Permanent ☐ Temporary ☐ Other: \_\_\_\_\_ (AD, Volunteer, etc.)

20. Applicant will be an: ☐ Incidental Operator ☐ Motor Vehicle Operator – (As required by position description) I certify that the employee's position description includes CDL duties, and is coded as a "Test Designated Position" (TPD) for the operation of vehicles that require a valid State CDL: ☐

21. As the applicant's supervisor, I've observed the applicant's performance operating vehicles less than 10,000 GVWR, under field conditions.  
I recommend that the "Basic" road test be waived. ☐ Yes, (initial here) \_\_\_\_\_ ☐ No, please schedule a road test.

22. As the applicant's supervisor, I have personally reviewed the following:  
☐ Applicants Statement's on this form ☐ Applicants State Driver's License ☐ OF 345 Physical Fitness Form

23. As the applicant's supervisor, I request that the applicant be authorized to operate the government equipment listed below:

- |  |  |
|--|--|
| <input type="checkbox"/> "Basic" Vehicles – <10,000 GVWR, Includes All 4X4 | <input type="checkbox"/> Forklift                            |
| <input type="checkbox"/> 15 Passenger Van                                  | <input type="checkbox"/> Trailer <=10,000 GVWR               |
| <input type="checkbox"/> Vehicles 10,000 -26,000 GVWR                      | <input type="checkbox"/> Trailer >10,000 GVWR (Requires CDL) |
| <input type="checkbox"/> =>26,000 GVWR, Commercial Motor Vehicles          | <input type="checkbox"/> Trail Bike ONLY                     |
| <input type="checkbox"/> Heavy Equipment – Rubber Tired Equipment          | <input type="checkbox"/> Motorcycle (State License Required) |
| <input type="checkbox"/> _____   | <input type="checkbox"/> Snowmobiles                         |
| <input type="checkbox"/> _____   | <input type="checkbox"/> Snow Machines                       |
| <input type="checkbox"/> _____   | <input type="checkbox"/> Motorized Boats                     |
| <input type="checkbox"/> Heavy Equipment – Track Equipment                 |  |
| <input type="checkbox"/> _____   |  |
| <input type="checkbox"/> _____   |  |
| <input type="checkbox"/> _____   |  |

### Renewal Authorizations Only, Complete Block 23

24. As the applicant's supervisor, I have personally reviewed the following:  
☐ The Applicants has operated the requested equipment during the last four (4) years.  
Refresher courses required every 3 years (Boats every 2 years): (Attach documentation and/or certificate of completion.)

|                          |        |             |  |           |  |
|--------------------------|--------|-------------|--|-----------|--|
| Defensive Driving:       | (Date) | Instructor: |  | Location: |  |
| ATV/UTV:                 | (Date) | Instructor: |  | Location: |  |
| Forklift:                | (Date) | Instructor: |  | Location: |  |
| Snowmobile/Snow machine: | (Date) | Instructor: |  | Location: |  |
| Motorized Boats:         | (Date) | Instructor: |  | Location: |  |

25. Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION III – To Be Completed by Driver/Operator Examiner

26. Applicant meets the physical fitness requirements as shown on the:  
☐ OF-345 (Physical Fitness required for Motor Vehicle Operators) ☐ CDL Medical Certificate (If required)

27. "Basic" Road Test administered and passed: ☐ Yes ☐ No

28. State Driver's License Record Check Received: ☐ Yes ☐ No

29. ☐ Applicant is not qualified to drive/operate the following vehicles or equipment due to the following reason(s):  
(Examples: Operator failed written or road test(s), applicant has not operated equipment in the last four (4) years etc)

30. Examiner's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

Office of Personnel I  
FPM Chapter 930

|  |                                      |                      |
|--|--------------------------------------|----------------------|
| 1. Name (Last, First, Middle)                              | 2. Date of Birth<br>(Month/Day/Year) | 3. Title of Position |
| 4. Home Address (Number, Street or RFD, City, State & Zip) | 5. Employing Agency                  |                      |

6. Have you ever had or have you now (Place a check at left of each item)

Yes No

|                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Poor vision in one or both eyes                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Disease                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor hearing in one or both ears                |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  |
| <input type="checkbox"/> | <input type="checkbox"/> | Palpitation, chest pain, or shortness of breath |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting spells                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent or severe headaches                    |
| <input type="checkbox"/> | <input type="checkbox"/> | High or low blood pressure                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Drug or narcotic habit                          |

Yes No

|                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Arthritis, rheumatism, swollen or painful joints |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of hand, arm, foot, or leg                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Deformity of hand, arm, foot, or leg             |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous or mental trouble of any kind            |
| <input type="checkbox"/> | <input type="checkbox"/> | Blackouts or epilepsy                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Sugar or albumin in urine                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive Drinking habit (Alcohol)               |
| <input type="checkbox"/> | <input type="checkbox"/> | Other serious defects or disease                 |

7. If you answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving?..... ☐ Yes ☐ No

(B) Do you wear a hearing aid?..... ☐ Yes ☐ No

## PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees. Based on the information provided, employees may be referred for a medical examination before being granted an initial authorization for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.

9. Signature

10. Date Signed  
(Month, Day, Year)

## REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and I have made the following determination:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.   |
| <input type="checkbox"/> | 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed. |
| <input type="checkbox"/> | 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:   |

Signature of Designated Official

Date Signed  
(Month, Day, Year)

**USDA FOREST SERVICE  
REGION 8  
MOTOR VEHICLE OPERATOR'S ACKNOWLEDGEMENT**

This is to acknowledge receipt of authorization to operate designated U.S. Government equipment. I understand that this authorization to operate U.S. Government-owned or leased vehicles or equipment is limited as indicated, and that I will be expected to adhere to the stated limitations except in emergency situations when I am specifically directed, in writing, to operate vehicles or equipment outside these limitations.

I also understand that this authorization may be withdrawn at any time either temporarily or permanently, warranted by any of the acts listed below:

1. Operating a Government vehicle while under the influence of narcotics or intoxicating liquor;
2. Leaving the scene of an accident without identifying myself;
3. Failure to meet required physical standards;
4. Revocation or suspension of State driver's license;
5. Failure to comply with administrative regulations relating to motor vehicle operation;
6. Improper, negligent, or abusive use of the vehicle/equipment resulting in unusual repair cost;
7. Being involved in an accident while operating a Government vehicle.

I agree to comply to the best of my ability with these requirements and to inform my work supervisor of any change in my State driver's license or physical fitness.

When I operate a Government-owned or leased vehicle/equipment, I will observe all State and local laws and regulations, both in letter and in spirit, observe the accepted standards of safe driving, particularly those described in of the Forest Service Health and Safety Code, and drive defensively at all times to avoid accidents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit

TYPE:

Equipment less than 10,000 GVWR ☐  
Special Equipment (OF-346 required)

OF-346 Number \_\_\_\_\_

## USDA Forest Service

### CONSENT FOR DRIVING RECORD CHECK

I, \_\_\_\_\_  
(Employee Name) (License Number)

\_\_\_\_\_, do hereby authorize the \_\_\_\_\_  
(SSN) (Date of Birth) (State)

Department of Motor Vehicles to release my driving record to the USDA Forest Service.

\_\_\_\_\_  
(Signature) (Date)

### PRIVACY ACT NOTICE

Authority - This information is provided pursuant to Public Law 93-573 (Privacy Act of 1974), December 31, 1974, for individuals who will be required to operate a Federal motor vehicle as part of regular duties. 5CFR, Part 930, Subpart A.

Purposes and uses - This form is used as an authorization to obtain information from the National Driver Register and state or district agencies to adequately review driving records of potential Federal motor vehicle operators. Licenses are issued to employees who possess satisfactory driving records.

Effects of Nondisclosure - Nondisclosure of this information will result in the employee not being authorized to drive a Federal motor vehicle and may result in retraction of an offer of employment.

## Driver/Operator ID Checklist

The following items are required before an OF-346 can be issued. Use this checklist to insure all steps have been completed.

1. \_\_\_\_\_ FS-7100-184, Application for Authorization to Operate Gov. Vehicles & Equipment
2. \_\_\_\_\_ OF-345, Physical Fitness Form
3. \_\_\_\_\_ Consent for State Driving Record Check **OR**
4. \_\_\_\_\_ NDR-EMP National Driver Registry Form (provide either #3 or #4))
5. \_\_\_\_\_ Defensive Driving Training (new employees within 90 days), (renewals within 3 years)
6. \_\_\_\_\_ Driver Orientation Course - Administered By \_\_\_\_\_ Date \_\_\_\_\_
7. \_\_\_\_\_ Basic Vehicles >10,000 GVWR & 4WD Vehicles Written Test
8. \_\_\_\_\_ Trainee Record - if applicable
9. \_\_\_\_\_ Specialized Vehicles and Equipment Written & Performance Tests - if applicable
10. \_\_\_\_\_ Photocopy of State Driver's License and CDL Medical Certificate - if applicable

### **Instructions:**

#### **Employee:**

- ☐ Complete #1 FS-7100-184, Section 1.
- ☐ Complete #2 OF-345
- ☐ Complete #3 National Driver Registry Form (or State Record)
- ☐ Attach #4 Defensive Driving Certificate of completion.
- ☐ Attach #5 Basic Vehicle Test
- ☐ Attach #6 Trainee Records - if applicable.
- ☐ Attach #7 Specialized Vehicle Training Certificate(s) and/or Tests - if applicable.
- ☐ Attach #8 Photocopy of State Driver's License, sign and date copy.

#### **Supervisor:**

- ☐ Complete #1 FS-7100-184, Section II.
- ☐ Complete #2 OF-345, Designated Official section.
- ☐ Evaluate Employee's driving abilities, schedule road test if not waived.
- ☐ Schedule Employee to attend a Defensive Driving course.

**FORWARD COMPLETED PACKAGE TO UNIT DRIVER'S EXAMINER FOR  
PROCESSING**